	Application or Docket Number													1
-	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 (0679495													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER 1 (Column 1) (Column 2) TYPE OR SMALL E														
TOTAL CLAIMS			21				•	RATE	: T	FEE	1	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE :	385.00	OR	BASIC FEE	770.00	1
TOTAL CHARGEABLE CLAIMS			પ minus 20=		. 1			X\$ 9:	. T		OR	X\$18=	18	
INDEPENDENT CLAIMS .			3 minus 3 =		0			X43=	+		1	X86=		İ
MU	LTIPLE DEPE	NDENT CLAIM P	RESENT						╅		OR			ł
* If the difference in column 1 is loca than zero cotar *0° in column 2								+145:	1		OR	+290=		1
* If the difference in column 1 is less than zero, enter *0* in column 2								TOTA	L		OR	TOTAL	788	ł
CLAIMS AS AMENDED - PART II /0/20/04 (Column 1) (Column 2) (Column 3)								SMAL	L EN	птү	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUME PREVIO PAID I	esy Ber WSLY	PRESENT EXTRA		RATE	ĪΠ	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
20	Total	• 15	Minus	. 6	2/	. —		X\$ 9=			OR	X\$18=		
ME	Independent	. 4	Minus	444	3	· /		X43=	1		OR	X82	200	
۷	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM				╁		07		200	
/)								+145=			OR	+290=		Pl.
11	10/1						-	ADDIT. FE	_		OR .	ADDIT. FEE	200	pa.
<u>//</u>	. 6/ (/)	(Column 1)		(Colun		(Column 3)			-	.00	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TI	VDDI- ONAL FEE		RATE	TIONAL FEE	
20	Total	.14	Minus	-2	1	•/.		X\$ 9=			OR	X\$18=		
NE NE	Independent	• 4	Minus	ses 4	7	7	Ì	X43=	Ť		OR	X86=		
9	FIRST PRESE	NTATION OF MIL	ILTIPLE DEP	ENDENT	CLAIM	<u> </u>	ł	. 445-	十			+290=		
							L	+145=	+		OR	YOTAL		
							£	DOIT. FE			OR ,	ODIT. FEE		
	<u> </u>	(Column 1)		(Colum		(Column 3)	-							
ENTC		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIC	DDI- ONAL FEE		PLATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	**		-		X\$ 9=			OR	X\$18=		
AMENDMENT	Independent	•	Minus	444		•		X43=	十		ı	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1		┿		OR			
	the eater to eater	ma (ia lace ther th	a anto: la ant	ma 9	W i n act	uma 3	L	+145=	1		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DOIT. FEE			OR A	TOTAL DOIT, FEE		
		moer Previously Paid ther Previously Paid					tour	nd in the a	bbrob	riate box	in colu	mo 1.		